

County: Brown

Facility ID: 6730

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ODD FELLOW HOME

1229 SOUTH JACKSON STREET

GREEN BAY 54301

Phone: (920) 437-6523

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 82

Total Licensed Bed Capacity (12/31/03): 82

Number of Residents on 12/31/03: 80

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 78

Non-Profit Corporation

Skilled

No

Yes

Yes

78

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.8
Supp. Home Care-Personal Care	No					1 - 4 Years		46.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years		16.3
Day Services	No	Mental Illness (Org./Psy)	18.8	65 - 74	12.5			----
Respite Care	No	Mental Illness (Other)	2.5	75 - 84	33.8			81.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.8		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	18.8	65 & Over	97.5	-----		
Transportation	No	Cerebrovascular	11.3		-----	RNs		8.4
Referral Service	No	Diabetes	1.3	Gender	%	LPNs		4.0
Other Services	Yes	Respiratory	2.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	41.3	Male	21.3	Aides, & Orderlies		
Mentally Ill	No		----	Female	78.8			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	4	100.0	166	47	95.9	120	0	0.0	0	27	100.0	138	0	0.0	0	0	0.0	78	97.5
Intermediate	---	---	---	2	4.1	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	2.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	4	100.0		49	100.0		0	0.0		27	100.0		0	0.0		0	0.0	80	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	7.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.3	57.5	41.3	80
Other Nursing Homes	9.9	Dressing	10.0	57.5	32.5	80
Acute Care Hospitals	81.3	Transferring	13.8	66.3	20.0	80
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	12.5	51.3	36.3	80
Rehabilitation Hospitals	0.0	Eating	42.5	40.0	17.5	80
Other Locations	1.1	*****				
Total Number of Admissions	91	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.0		Receiving Respiratory Care	3.8
Private Home/No Home Health	33.7	Occ/Freq. Incontinent of Bladder	56.3		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	11.6	Occ/Freq. Incontinent of Bowel	37.5		Receiving Suctioning	0.0
Other Nursing Homes	4.7				Receiving Ostomy Care	2.5
Acute Care Hospitals	12.8	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	5.0		Receiving Mechanically Altered Diets	20.0
Rehabilitation Hospitals	0.0					
Other Locations	5.8	Skin Care			Other Resident Characteristics	
Deaths	31.4	With Pressure Sores	11.3		Have Advance Directives	78.8
Total Number of Discharges		With Rashes	1.3		Medications	
(Including Deaths)	86				Receiving Psychoactive Drugs	60.0

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 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.1	92.0	1.03	87.1	1.09	88.1	1.08	87.4	1.09
Current Residents from In-County	83.8	85.9	0.97	81.0	1.03	82.1	1.02	76.7	1.09
Admissions from In-County, Still Residing	25.3	22.1	1.15	19.8	1.28	20.1	1.26	19.6	1.29
Admissions/Average Daily Census	116.7	138.9	0.84	158.0	0.74	155.7	0.75	141.3	0.83
Discharges/Average Daily Census	110.3	139.5	0.79	157.4	0.70	155.1	0.71	142.5	0.77
Discharges To Private Residence/Average Daily Census	50.0	64.3	0.78	74.2	0.67	68.7	0.73	61.6	0.81
Residents Receiving Skilled Care	97.5	96.1	1.01	94.6	1.03	94.0	1.04	88.1	1.11
Residents Aged 65 and Older	97.5	96.4	1.01	94.7	1.03	92.0	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	61.3	55.4	1.11	57.2	1.07	61.7	0.99	65.9	0.93
Private Pay Funded Residents	33.8	32.6	1.03	28.5	1.18	23.7	1.43	21.0	1.61
Developmentally Disabled Residents	0.0	0.6	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	21.3	36.2	0.59	33.8	0.63	35.8	0.59	33.6	0.63
General Medical Service Residents	41.3	24.3	1.69	21.6	1.91	23.1	1.78	20.6	2.01
Impaired ADL (Mean)	57.0	50.5	1.13	48.5	1.17	49.5	1.15	49.4	1.15
Psychological Problems	60.0	58.5	1.02	57.1	1.05	58.2	1.03	57.4	1.05
Nursing Care Required (Mean)	4.8	6.8	0.71	6.7	0.72	6.9	0.70	7.3	0.66